

Permit #: 2017D

Date Issued: 2-1-96

County: Bates

Date Cancelled: _____

CONFIDENTIAL UNTIL: _____

Date Plugged: 2-1-96

COMMENTS:

OGC FORMS	Date Received
1	
2	
3	<u>2-1-96</u>
3i	
4	
4i	
5	
6	
7	<u>3-1-96</u>
8	
11	
12	
Misc. Form 2	

	TYPE	ID #	Date Received
Logs			
Samples			
	chip		
	core		
Analyses			
	water		
	core		
Additional Submitted Data:			

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

APPLICATION TO DRILL ☐DEEPEN ☐PLUG BACK ☐for an oil well ☐or gas well ☐

Hydrocarbon Test X

NAME OF COMPANY OR OPERATOR Town Oil Co. DATE 2-7-9616205 W. 287 St.PaolaKansas 66071

Address

City

State

DESCRIPTION OF WELL AND LEASE

Name of lease <u>Swickhamer</u>	Well number <u>13</u>	Elevation (ground) <u>855</u>
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WELL LOCATION (give footage from section lines)
2050 ft. from (N) ~~SE~~ sec. line 700 ft. from ~~SE~~ (W) sec. line

WELL LOCATION
 Section 36 Township 39N Range 33W County Bates

Nearest distance from proposed location to property or lease line: N/A feet
 Distance from proposed location to nearest drilling, completed or applied for well on the same lease: N/A feet

Proposed depth. <u>75</u>	Drilling contractor, name & address <u>Town Oil Co.</u>	Rotary or Cable Tools <u>Rotary</u>	Approx. date work will start <u>2-7-96</u>
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Number of acres in lease <u>120</u>	Number of wells on lease, including this well, completed in or drilling to this reservoir: <u>0</u> Number of abandoned wells on lease: <u>0</u>
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If lease, purchased with one or more wells drilled, from whom purchased: Name N/A No. of Wells: producing 0
 Address N/A injection 0
 inactive 0
 abandoned 0

Status of Bond
 Single Well ☐ Amt. Blanket Bond ☒ Amt. \$60,000 ☐ ON FILE ☐ ATTACHED

Remarks: (If this is an application to deepen or plug back, briefly describe work to be done, giving present producing zone and expected new producing zone) use back of form if needed.

N/A

RECEIVED

FEB 20 1996

Proposed casing program: <u>N/A</u>				Approved casing -- To be filled in by State Geologist			
amt.	size	wt./ft.	cem.	amt.	size	wt./ft.	cem.

I, the undersigned, state that I am the of the (company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

Signature Lutty TownPermit Number: 20170Approval Date: 2/7/96Approved By: James Holly Williams HWB

Note. This Permit not transferable to any other person or to any other location.

Remit two copies to: Missouri Oil and Gas Council
 P.O. Box 260 Rolla, Mo. 65401

One will be returned for driller's signature

☒ Drillers log required☒ E-logs required if run☐ Core analysis required if run☒ Drill stem test info. required if run☐ Samples required☐ Samples not requiredWATER SAMPLES REQUIRED ☐



MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI OIL AND GAS COUNCIL
PLUGGING RECORD

FORM OGC-1

OWNER Town Oil Co.		ADDRESS 16205 W. 287 St. Paola, KS. 66071	
NAME OF LEASE Swickhamer		WELL NUMBER 13	PERMIT NUMBER (OGC-3 OR OGC-31 NUMBER) 20170
LOCATION OF WELL 2050- FNL 700' FWL		SEC-TWP-RNG OR BLOCK & SURVEY 36-39N-33W	COUNTY Bates
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF: Town Oil Co.		HAS THIS WELL EVER PRODUCED OIL OR GAS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBLS/DAY) N/A GAS (MCF/DAY) DRY?
DATE ABANDONED 2-7-96	TOTAL DEPTH 12	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBLS/DAY) N/A GAS (MCF/DAY)	WATER (BBLS/DAY)
Name of each formation containing oil or gas. Indicate which formation open to well bore at time of abandonment. N/A		Fluid content of each formation	Depth interval of each formation
			Size, kind, & depth of plugs used, giving amount cement. 1 sack cement
SIZE PIPE N/A	PUT IN WELL (FT)	PULLED OUT (FT)	LEFT IN WELL (FT)
GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.)			
PACKERS AND SHOES			
MAR 01 1996			
MO Oil & Gas Council			
WAS WELL FILLED WITH MUD-LADEN FLUID?		INDICATE DEEPEST FORMATION CONTAINING FRESH WATER	
NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE			
NAME		ADDRESS	
DIRECTION FROM THIS WELL			
N/A			
METHOD OF DISPOSAL OF MUD PIT CONTENTS N/A			
NOTE	FILE THIS FORM IN DUPLICATE WITH: (USE REVERSE SIDE FOR ADDITIONAL DETAIL)		
CERTIFICATE I, the undersigned, state that I am the partner of the Town Oil Co. (Company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.			
SIGNATURE Lester Town		DATE 1-19-96	

MISSOURI OIL AND GAS CO.

NOTE ▶	* Show all important zones of porosity, detail of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.
INSTRUCTIONS ▶	<p>Attach drillers log or other acceptable log of well if available.</p> <p>This Well Completion or Recompletion report and well log shall be filed with the Missouri State Geologist not later than 30 days after project completion.</p>

MO 780-0217 (10-87)

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This Well Completion or Recompletion report and well log shall be filed with the Missouri State Geologist not later than 30 days after project completion.